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APPLICANTS

Richard A. Clark, Atlanta, GA;

Michael R. Jacobs, Atlanta, GA;
Steven B. Flemig, Woodstock, GA;*M. J.*

** CONTINUING DATA *****

This application is a CON of 10/171,582 06/13/2002 PAT 6,721,178
 which is a CON of 09/397,817 09/17/1999 PAT 6,493,220
 which claims benefit of 60/100,976 09/18/1998

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/14/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	GA	DRAWING 21	CLAIMS 15	CLAIMS 2
Verified and Acknowledged	Examiner's Signature <i>M. J.</i> Initials				

ADDRESS

Daniel J. Warren
 Sutherland Asbill & Brennan LLP
 999 Peachtree St., NE
 Atlanta , GA
 30308

TITLE

Mobile clinical workstation

- All Fees
 1.16 Fees (Filing)
 1.17 Fees (Processing Ext. of

FILING FEE FEES: Authority has been given in Paper
 No. _____ to charge/credit DEPOSIT ACCOUNT